

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **13518**

FILED MAY 11 1953

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **134**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Illmo 1000	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Francis Hosp.		d. STREET ADDRESS (If rural, give location) /	
3. NAME OF DECEASED (Type or Print) a. (First) Roy b. (Middle) Daniel c. (Last) Rice		4. DATE OF DEATH (Month) (Day) (Year) May 1 1953	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sep 2 1888
9. AGE (In years last birthday) 64	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Yard Master	10b. KIND OF BUSINESS OR INDUSTRY Cotton Belt R.R.	11. BIRTHPLACE (State or foreign country) Ill
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME John Rice	
14. MOTHER'S MAIDEN NAME Elizabeth Vermillion		15. NAME OF HUSBAND OR WIFE Birdie Fkynn Rice	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) No		17. SOCIAL SECURITY NO. 702-18-1714	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. ... DUE TO (b) _____ ... DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. DATE OF OPERATION _____	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) NO		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from April 29, 1953 , to May 1, 1953 , that I last saw the deceased alive on May 1, 1953 , and that death occurred at 1 P. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) H. O. Osley M.D.		23b. ADDRESS CAPE GIRARDEAU 5-2-53	
23c. DATE SIGNED May 1 1953		24. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24a. DATE May 4, 1953		24b. NAME OF CEMETERY OR CREMATORY Memorial Park	
24c. LOCATION (City, town, or county) (State) Cape Girardeau Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Dislinghoff Funeral Home	
25a. DATE REC'D BY LOCAL REG. 5-4-53		25b. ADDRESS Chaffee	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 11 1938

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.